

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-03-0691.M2

NOTICE OF INDEPENDENT REVIEW DECISION

September 6, 2002

RE: MDR Tracking #: M2-02-0738-01
IRO Certificate #: 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 43 year old female sustained a work related injury on ___ when she slipped on a recently mopped floor, fell backwards to the floor and experienced severe back pain. An MRI revealed a postero-central tear associated with a minimum central disc bulge with osseous spinal stenosis and neural foraminal narrowing. The patient continues to complain of low back pain and right leg pain. The treating chiropractor has recommended that the patient participate in a comprehensive pain management program.

Requested Service(s)

Comprehensive pain management program

Decision

It is determined that a comprehensive pain management program is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The schedule of comprehensive pain management contains components that, based on the medical record documentation, are not medically necessary because they have already been attempted with little or no success. These include physical conditioning and message therapy. According to the medical record documentation, the patient's condition has been determined to be surgical and she chooses not to have surgery. The patient has emotional issues that are affecting her recovery and some type of emotional support and vocational counseling would be of benefit. However, the entire comprehensive program is not medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,